

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | BA | 70385 | |
| O.I.P.E. CLASSIFIER | CA | 45 | 9/10 |
| FORMALITY REVIEW | CA | 69816 | 10/10/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here

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